



**TOWN OF SUNDERLAND
BOARD OF HEALTH**

12 SCHOOL STREET, SUNDERLAND, MA 01375
Phone: 413-665-1441 x6 / fax: 413-665-1446
Email: boardofhealth@townofsunderland.us

APPLICATION FOR TOBACCO SALES PERMIT

In accordance with Regulations promulgated under authority of Chapter 111, §31 of the General Laws, I hereby apply for a permit to sell retail tobacco products in Sunderland, Massachusetts.

TOBACCO SALES PERMIT –Annual Fee: \$50.00 (Non-Refundable)

Date of Application: _____

APPLICANT’S INFORMATION:

Name of Applicant _____

Applicant’s Mailing Address: _____

Applicant’s Phone Number: _____

BUSINESS INFORMATION:

Name of Business: _____

Address of Business: _____

Mailing Address: _____

Phone Number of Business: _____

Name of Owner/Operator: _____ Title: _____

Signature of Owner/Operator: _____

Address of Owner/Operator: _____

Phone Number of Owner/Operator: _____

Massachusetts Department of Revenue Cigarette Retailer’s License Number: _____

*****MUST PROVIDE COPY OF STATE TOBACCO PERMIT*****

Office Use Only:

Fee paid: _____ / Ck#: _____

Submitted to Board of Health for review: date: _____

Approved / Denied : date: _____

Board of Health Agent / Chair: certifying vote: _____

**Complete both side and return application and check payable to: TOWN OF SUNDERLAND
Sunderland Board of Health, 12 School Street, Sunderland, MA 01375**

APPLICATION FOR TOBACCO SALES PERMIT

Sunderland Board of Health

Town of Sunderland
12 School Street
Sunderland, MA 01375

**** TWO-SIDED DOCUMENT ****

This form must be signed by the owner of the establishment applying to the Sunderland Board of Health for a Retail Tobacco Sales Permit. Permits will NOT be issued without a completed application submission.

Please **Initial** after reading statement:

_____ I have read and understand all subsections of the Board of Health's Regulations affective smoking in certain places and your access to tobacco.

_____ I understand that this permit must be renewed annually.

_____ I understand that it is against the law to sell cigarettes or any tobacco product to anyone less than 18 years of age and that proof of age is required before a sale is permitted.

_____ I understand that the Sunderland Board of Health's regulations require the owner/operator of any establishment to control the same of tobacco products. I further agree that I will train all of my employees to conduct tobacco sales in a legal manner.

_____ I understand that the Sunderland Board of Health, County or State Tobacco regulatory officials may conduct random, unannounced compliance checks of my business to ensure that neither I, nor my employees are selling tobacco products to minors.

_____ I understand that, based on the results of such compliance checks, penalties specified in the Sunderland Board of Health Tobacco Regulations will be strictly enforced.

_____ I have provided a copy of my State Tobacco Permit and Fee with this application.

By signing this form, I acknowledge that I have read and understand all of the above statements. I further understand that failure to abide by these conditions may jeopardize my Retail Tobacco Sales Permit. I further understand that any local infractions and may and can be report to the State Tobacco Licensing Board.

Business Name: _____

Signature of Applicant: _____

Printed Name of Applicant: _____

Title: _____

Date: _____